

G Qadir

Springfield Nursing Home

Inspection report

191 Spendmore Lane
Coppull
Chorley
Lancashire
PR7 5BY

Tel: 01257470140

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27 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 26 and 27 July 2017 and was unannounced. At our previous inspection on 11 May 2016 we found several breaches of legal requirements. Staff did not have access to protective equipment, there were risks of infection because of the inappropriate storage of personal items and some equipment was not fit for purpose.

In addition, there were not enough staff to meet the needs of people and a recommendation was made about the need for staff to update their training. There was also a lack of understanding around the implications of the Mental Capacity Act 2005 (MCA) where people lacked capacity and the need to seek people's consent for care and support.

There were issues with the recording of essential information related to people's care and auditing and checking on the provision of care..

We asked the provider to make improvements in all of these areas and they kept CQC informed of the changes that had been made.

At this inspection we found that significant improvements had been made in all of these areas.

We found that people were not being deprived of their liberty inappropriately and staff were aware of the need to seek consent in line with the MCA. Equipment had been replaced and personal items were being properly stored.

Proper records were kept around essential items of care, action had been taken to support people with sufficient numbers of well-trained staff and checks were being made to ensure that the service operated effectively.

Springfield Nursing Home is located in Coppull in the county of Lancashire. The home is registered to provide accommodation and support for up to 40 people and cares for elderly people including those living with dementia. At the time of our inspection 38 people were using the service.

There was a registered manager in place who had been registered since 30 May 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-

blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

People were supported to maintain a balanced diet and had access to a range of healthcare professionals when required. People received appropriate end of life care and support.

We found that people and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The registered manager conducted regular checks to make sure people were receiving appropriate care and support. The registered manager took into account the views of people using the service, their relatives and staff through meetings and surveys. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were managed and stored safely and records showed that people were receiving their medicines as prescribed by health care professionals.

People told us they felt safe and well cared for.

There were arrangements to deal with emergencies and staff were aware of signs of abuse and what action they should take. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were arrangements in place to deal with foreseeable emergencies.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The provider looked at ways to support people to eat and drink sufficient for their needs, and to protect against the risks of inadequate nutrition and dehydration.

Staff sought consent from people when offering them support. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people in a respectful and dignified manner.

Staff knew people well and were aware of their preferences and routines.

People and their relatives were involved in making decisions about their day to day care.

There were arrangements in place to meet people's end of life care needs.

Records including medicines records were held securely and confidentially.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

People were provided with a range of appropriate activities.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

Staff said they enjoyed working at the home and received good support from the management team.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

The management team and provider carried out unannounced night time and weekend checks at the home to make sure people were receiving appropriate care and support.

Springfield Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on the 26 and 27 July 2017. The inspection team on the first day consisted of one inspector, a specialist nurse adviser and an expert by experience and two inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this information together with other information we held about the home including notifications they had sent us. A notification is information about important events that the service is required to send us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided to people, spoke with 10 people who used the service. We also spoke with five members of staff, the provider, the registered manager, the deputy manager and health care professionals. We looked at eight people's care records and eight staff recruitment files and staff training files. We also looked at records relating to the management of the service including audits, incident logs, feed-back questionnaires, staff rotas and minutes from meetings. In addition, we looked at all areas of the building including bedrooms, communal areas, the kitchen, the main office and outside grounds.

Is the service safe?

Our findings

At our comprehensive inspection on 11 May 2016 we found that the premises, equipment and areas for storage of personal items were not always clean or suitable for the purposes of delivering care. Some fire doors were ineffective and obstructed and bathrooms contained tripping hazards.

These issues amounted to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that personal equipment receptacles were placed around the home in convenient places for staff to access. Personal items were stored in clean cupboards and equipment was well maintained and fit for purpose. Fire doors were operating effectively and were unobstructed. The registered manager said, "The provider has really invested in the home and purchased new equipment and storage facilities. A new fire alert and protection system has been installed." A member of staff said, "When something needs to be done or a piece of equipment replaced, it is always seen to immediately."

At the inspection on 11 May 2016, we found issues with the number of staff that were available to support people and the systems available to ensure safe staffing levels.

This issue amounted to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in this area. We saw there were documented systems in place to ensure that the service employed sufficient numbers of qualified and experienced staff. People using the service and staff told us there were enough staff around to meet their needs and we observed a good staff presence. Staff were attentive to people's needs and when people required assistance they responded quickly to provide support to people. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. One relative said, "There are always enough staff." Another said, "We were considering moving our relative as the home was short-staffed but we've seen real improvements following the change of management."

At the inspection on 11 May 2016 we made a recommendation that staff receive updated training to refresh their understanding of safeguarding. At this inspection we saw that there were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. Records confirmed that most staff had received training on safeguarding adults from abuse and others were due to receive additional training in October 2017. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including whom they would report any safeguarding concerns to. A member of staff said, "I wouldn't hesitate to challenge someone where I suspected abuse. I am clear of my responsibilities. The management team reminds us of the need to be proactive."

People told us that they felt safe and were well treated. One person said, "I feel safe here. All my needs are

met." A relative said, "My relative is safe. The home is well run and the staff are wonderful. I'm encouraged to get involved and I love that." A health care professional said, "Good nursing care and I've seen nurses support care staff in adopting best practice techniques."

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. Medicines were stored in a designated medicines room which could only be accessed by staff responsible for administering medicines. The medicine room temperatures and medicines fridge temperatures were monitored and recorded and we noted that they fell within safe ranges. The medicines fridge was locked and unused medicines were disposed of appropriately.

We observed medicines being administered to people on the first day of the inspection and saw that staff sought their permission before medicine was administered. People were gently encouraged to take their medicine. We checked the balances of medicines stored in the medicine room against people's Medicines Administration Records (MAR) and found these records were up to date and accurate. The MAR also included a photograph of the person, as well as details of their known allergies and details of staff members authorised to administer medicines. This helped reduce the risks associated with medicines administration.

The MAR showed that people were receiving their medicines when they needed them and any reasons for not administering medicines as directed was clearly recorded. We saw up to date protocols were in place to advise staff when and under what circumstances people should receive any medicines that had been prescribed 'as required'. Staff told us what they would do when people required an 'as required' medicine. They also told us what they would do if a person missed their medicines and how they would report any safety incidents.

Action had been taken to support people where risks had been identified. People's care files included a wide range of risk assessments in areas including falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. People also had individualised risk assessments on behaviours that may challenge and their medical conditions. This provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, there were plans in place to support them with eating and drinking. In another example, where people were at risk of falls we saw records confirming staff had been monitoring their safety on a regular basis and the use of technical devices to aid early detection of risk.

Although the records in people's care plans were detailed, some of the plans were large and contained a number of detailed documents. These may not have been readily accessible to nurses and carers in the event of the need to provide urgent care and when staff were new to the service. In discussing this point with the registered manager and deputy we suggested creating a shorter 'at a glance' document at the front of plans containing essential care and support information. The registered manager said, "We have been trialing the use of an abbreviated document for the care plans and a copy in a secure place in people's rooms as we accept that some plans are weighty. We will look towards implementing a final version as soon as possible."

There were arrangements in place to deal with foreseeable emergencies. People had personal emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. Staff we spoke with knew what to do in the event of a fire. They told us there were regular fire drills so they were reminded about their roles in such an event. Records confirmed that staff received training on fire safety. We saw records confirming that the fire alarm was tested on a weekly basis, regular fire drills had been carried out and that evacuation drills occurred annually.

The home had a fire safety audit conducted by a specialist private company in November 2016 when no significant issues were found. Since then a new alarm and fire containment system had been implemented. At the time of the inspection the system, although operative, was in the process of being finally cleared by the contractor as passing all relevant checks and tests. The registered manager said, "The new system will be signed off in the next few weeks. At that stage I will ensure that the fire brigade are advised and we will invite them to inspect."

Records of accidents and incidents were maintained that contained information about each incident and any action that had been taken. For example a review of a person's risk assessment, or the making a GP referral. This helped reduce the risks of similar incidents occurring in future.

Recruitment checks were carried out before staff started working at the home. We looked at the personnel files of eight members of staff that worked at the home. The files contained completed application forms that included reference to their previous health and social care experience, their qualifications and employment history. Each file included two references, health declarations, proof of identification and evidence that criminal record checks had been obtained for all staff. On some of the files we considered it wasn't clear who had provided the references to ensure staff's suitability for their roles. Many did not incorporate a company stamp or were not on a company letterhead. The registered manager said, "When I'm unsure of a reference that has been supplied, I generally telephone the referee and get clarification. However, I accept that our system for referees isn't as robust as it should be and we will look to improve the system straight away."

Is the service effective?

Our findings

At the inspection on 11 May 2016 we found that the service was not conducting effective mental capacity assessments and on a routine basis, issues of consent to the care and support that was being provided was authorised by people's relatives. This meant that there was little consideration towards the wishes of the person affected. The Mental Capacity Act 2005 (MCA) and associated Codes of Practice were not being followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found improvements in the areas of the service addressing mental capacity and seeking consent. People told us that staff asked for their consent before they provided care and we observed this to be the case throughout the inspection. The service was assessing people's mental capacity properly and seeking people's consent to the care, support and treatment that was provided. It was only when a person lacked capacity that the views of relatives and health care professionals were taken in to account in the person's best interests. For example we saw that a person had been consulted about the use of bed rails at night. The person was at risk of falling out of bed and sustaining injury and had a history of doing this. The person was fully involved in the assessment and their relatives were consulted only when the person requested that they be kept informed. This meant that care and support was being provided with the consent of people.

The registered manager said, "We consider mental capacity and work with relatives and the GP when capacity is lacking and we need to apply a best interest's decision." One person said, "They ask my permission before they do anything or provide support and are very helpful."

The registered manager told us that the home had made applications to the local authority to deprive people of their liberty (DoLS). At the time of our inspection the local authority was processing these applications. We saw six of the applications that had been made since the inspection on 11 May 2016 and were satisfied that the home had raised them appropriately and in a timely manner.

People using the service said staff and the registered manager knew them well and how best to support

them. Visitors told us that staff were skilled at meeting the needs of people at the service and were competent in supporting them with complex conditions. They spoke highly about the care and support at the home. One person said, "They know what they are doing. Sometimes I get two carers and the senior one shows the other what to do." A health care professional said, "The manager, deputy and staff support their residents, call on me when they need support and follow my recommendations."

People were supported to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans identified people's nutritional needs and preferences, and how they could be supported by staff to eat a nutritious and healthy diet. A health care professional said, "Staff are better at recognising eating and hydration issues and this can prevent admissions to hospital."

We observed a mealtime during the inspection and saw that people received plenty to eat and drink. The atmosphere was relaxed and staff were available to offer support to people where required and we observed them gently encouraging people to eat in a relaxed and unhurried manner. We saw that one person was supported to cut their food and staff appeared to know people's likes and dislikes. Most people ate together and appeared to enjoy the mealtime but people were also able to eat alone if they preferred. One person using the service said, "The food is smashing. We get the menu the day before and no one should have any reason to complain."

The cook told us they spoke with people about their meal preferences. They were aware of people's dietary requirements and received notifications from staff that included any changes to their condition. They said, "I'm in touch with residents and know their likes and dislikes. I get early warning from care staff around concerns with people's requirements and adapt meals individually because of this. This can include fortification of food with cream and changing the consistency to make it safer."

Staff training records confirmed that staff had completed training in areas the provider considered mandatory. This training included safeguarding adults, mental capacity, dementia awareness, health and safety, moving and handling, infection control, first aid and fire safety. Some staff had also completed training on other topics such as administering medicines, end of life care and nutrition and hydration. Mandatory training was recorded and the records indicated when staff required training updates. We noted that some records of training that had been completed by staff, had not been brought forward and recorded in the register that was monitored by the registered manager. They said, "We are in the process of revising the training matrix to ensure that action is taken if necessary to ensure staff remained up to date with their training requirements."

Staff told us they had completed an induction, which was confirmed by the records we reviewed. All newly recruited staff who were new to a caring role were required to complete the Care Certificate. The Care Certificate is a nationally recognised qualification and aims to equip health and social care workers with the knowledge and skills that they need to provide safe, compassionate care. One member of staff said, "The induction was comprehensive and I had to shadow and be checked before I was allowed to work alone. I can approach senior staff, the manager or deputy whenever there is a situation I'm uncertain about."

We found that people were supported to maintain good health. Records showed that people had access to a range of healthcare professionals including a GP, optician, chiropodist, and dentist. Staff also supported people to attend hospital appointments. We noted that records and advice to staff about the process of referring matters to external professionals was documented in the care records and on the people's care plans.

Feedback about the service from healthcare professionals was positive. One healthcare professional told us,

"They call on me appropriately. I don't have any concerns around referrals from this home."

Is the service caring?

Our findings

At the inspection on 11 May 2016 we recommended that the service improve the way people were involved in their care planning. At this inspection we saw that people were involved in their care and support plans and where this was not possible we noted that relatives were actively involved. For example a number of relatives told us they were consulted about their relatives' care and support needs especially when things changed. One relative said, "I was fully consulted about my relatives plan and am kept up to date with developments." Another said, "My relative doesn't always understand the advice the specialist provides but the home is really good at explaining things to me."

People said that staff were caring. One person told us, "All the staff know my name and they care about me." A relative said, "Very nice place. I am happy that my relative is cared for." A health care professional told us, "Staff appear to be very caring in their approach to the residents."

If people could not express their view the service ensured that the person's relative was involved. We noted that on the occasions when relatives or other supporters were unavailable, people had access to Independent Mental Capacity Advocates (IMCAs). An IMCA is a specially trained person who can help support people if they do not have capacity to make particular decisions.

All of the care files we looked at included a section on personal histories. This recorded the person's hobbies and interests, details of significant events and favourite places, and the jobs they used to do. A health care professional said, "Staff are always cheerful and are actually interested in their patients and their life and interests."

When looking at the care plans we saw that end of life care plans and consent forms requiring the person's agreement regarding their care and treatment were in place.

During the inspection we noted that staff knew people well and understood their needs. We saw examples of good care and saw that people were treated with understanding, compassion and dignity. Staff actively listened to people and encouraged them to communicate their needs. For example, we observed a member of staff assisting a person to communicate with a relative about a funny incident in the home, when people had been interacting with a pet that had been brought in. We also saw staff responding to people's needs in a calm effective manner supporting them with everyday tasks and responding to requests for drinks and snacks.

Staff knocked on people's doors requesting permission to enter when they were present. One person said, "There is lots of respect here. No-one ever comes in without knocking." Where people needed support with personal care, staff ensured their privacy by drawing curtains and shutting doors. Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said that they explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I treat people as I'd

like to be treated and always take my time with people."

People were provided with appropriate information about the home in the form of a service user guide. This guide ensured people were aware of the standard of care to expect, details of access to health care professionals, the service's complaints procedure and information about the service and facilities provided at the home.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

At our inspection on 11 May 2016 we found a lack of proper records relating to information to ensure that people's needs were met. For example records of essential support such as turning a person to avoid pressure sores were absent from records of daily care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we noted that the service had improved in this area. People's care files were detailed and the records of daily care were recorded and accessible to staff.

We saw that people's healthcare and support needs were assessed before they moved into the home. These assessments covered areas including, moving and handling, mobility, nutrition, communication, sleeping, emotional and spiritual needs, activities, medicines, continence and end of life care. The registered manager who also acted as the home's clinical lead told us that care plans were developed using the assessment information and kept under regular review. They contained information about people's medical and physical needs. For example, one person's care plan included information about a person's susceptibility to falling from bed and how the risk could be mitigated by moving the bed close to the floor and the placement of special padding on the floor at night.

People were supported to engage in a range of activities. One relative we spoke with said, "There's lots to do. I am encouraged to join in. At the moment we are involved in a sunflower growing competition." We saw minutes from a recent residents and relative meeting where a show put on in the home was discussed and agreement reached that a singing group would be re-booked. We also saw photographs from a 60th wedding anniversary celebration that had been held at the home in June 2017. People were seen to be participating enthusiastically with party balloons and eating finger food.

During the first morning of the inspection we saw some people were involved in bathing ducklings that had been reared at the home. Staff at this event supported people. Others were sitting quietly reading newspapers and some people were watching television. During the afternoon we saw the home's activities coordinator engaged with people in bingo. People participated enthusiastically whilst staff gave encouragement or offered appropriate support. The activities coordinator also told us of scheduled trips to the seaside and a ladies pampering session that was to be held the week after the inspection.

Throughout the course of our inspection we saw positive interactions between people using the service and staff. The activities co-ordinator said, "I get good support from the manager to provide activities. I do one to ones with people who cannot leave their room and have just finished planning a summer fair."

Care plans also included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests and guidance to staff about how their care and support needs should be met. For example, one person's care plan advised staff not to

'crowd' them as they had issues from being a former prisoner of war and needed space.

Peoples care files also included risk assessments and other documentation, for example, Mental Capacity Act (2005), Deprivation of Liberty Safeguards assessments and records of best interests decisions. We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms, where appropriate, in the care files. A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. These had been fully completed, involving people using the service, and their relatives, where appropriate and signed by their GP. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required to ensure they were reflective of people's current needs. We also saw daily notes that recorded the care and support delivered to people.

Records showed that people and their relatives were also involved in an annual review of care planning. Views from people and relatives were recorded and confirmed their agreement to the care plan. The deputy manager at the home showed us a daily handover sheet used at the home. They said this ensured people received continuity of care. During the inspection we observed a handover meeting where the registered manager, deputy and staff shared any immediate changes to people's needs and any development that had occurred over-night. Staff said that these meetings were useful and also used to make sure that all of the care staff were aware of any new admissions and their care needs.

We saw examples of how the MUST risk assessment tool was completed in order to identify a person's risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourished. One person's risk assessment score placed them at high risk of malnutrition and we saw steps had been taken to refer the person to a health care professional who provided them with prescribed diet supplements.

The provider had a complaints procedure in place that was included in the service user guide. It told people how to complain, who to contact and what would happen. People said they knew about the complaints procedure and told us they would tell staff or the registered manager if they were not happy, or if they needed to make a complaint. One person said, "I know what to do if I'm not happy. I've never had to raise a formal complaint but I am sure that if I did action would be taken."

Relatives also said they knew how to make a complaint if they needed to. They said they were confident they would be listened to and their complaints would be fully investigated. The provider maintained a complaints file that included a copy of the complaint's procedure and forms for recording and responding to complaints. The records showed that there had been five complaints since the last inspection in May 2016 that had been investigated and responded to appropriately.

Is the service well-led?

Our findings

At our inspection on 11 May 2016 we found that the service was not completing audits that were picking up on the issues that were found during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in this area. The registered manager and the deputy had undertaken a range of audits in relation to areas of the service including care planning, health and safety, cleaning, fire checks and quality assurance records. We saw action had been taken in response to audit findings. For example, where an issue with the recording of the administration of people's medicines had been identified during a medicines audit in April 2017, the registered manager and deputy had spoken with all medicines' administration staff to ensure that medicine had been administered as prescribed. They also used this as an occasion to remind of best practice and to check competency.

A visiting health care professional said, "I don't have concerns over the running of the home. There is a good structure with the home managed by qualified staff. They properly meet the needs of residents." Another said, "The home has made substantial improvements especially since the new management team have been in place."

The deputy manager had made unannounced checks during evening shifts and the provider also made visits to the home at weekends and conducted checks of the home's cleanliness. Where issues had been identified, we noted that appropriate changes had been made. For example, a night-time check in the first week of July 2017 had identified the potential for risks with fire doors that was immediately corrected and the matter was discussed at the next staff meeting.

Staff told us they liked working at the home and praised the support they received from the registered manager and deputy. We saw minutes from a staff meeting in June 2017 that showed that staff were able to raise concerns over the deterioration in the health of two residents and the steps that could be put in place to mitigate risk. At the same meeting staff had also raised their desire to have additional training around sepsis awareness. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One staff member told us, "Management are very supportive. It's a different but better place now that the new managers are in place." Another said, "The whole environment has changed for the better. This includes communication with staff and management."

People told us that they attended formal resident meetings to discuss aspects of the service and how improvements could be made to the running of the home. We saw minutes from a meeting in June 2017 where residents commented about the drinks service in an evening with suggestions for improvement. We noted that this suggestion had been put into place and the registered manager had met with catering and care staff. A person said, "We meet quite regularly and can raise all sorts of matters including entertainment

and the kitchen menu. It's all open and the management tend to support us in the changes we suggest."

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through surveys. The registered manager said they used feedback from the surveys to make improvements at the home. A residents and relatives survey had been carried out in October 2016 and we noted that action had been taken in response to the feedback received. For example, changes had been made to the decoration in parts of the home and some items of furniture had been replaced. This meant that the service responded to people in order to provide support and care that was reflective of their wishes.